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N. In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH			
1. County of <u>Gila</u>		BUREAU OF VITAL STATISTICS		State Index No. <u>164</u>	
District of _____		ORIGINAL CERTIFICATE OF BIRTH		County Registrar No. <u>871</u>	
Town of _____				Local Registrar No. _____	
or <u>Globe</u>					
City of _____		No. _____		St. _____ Ward _____	
2. Full name of child <u>James William Archer</u>		(If birth occurred in a hospital or institution, give its NAME instead of street and number)		If child is not yet named, make supplemental report, as directed.	
3. Sex of Child	To be answered ONLY in event of plural births.	4. Twin, triplet or other	5. Legitimate?	7. Date of birth	
<u>Male</u>			<u>yes</u>	<u>Dec. 26 23</u> Month Day Year	
8. FATHER		14. MOTHER			
Full name <u>Edward Dale Archer</u>		Full maiden name <u>Katharine D. Patton</u>			
9. Residence (Usual place of abode) <u>Globe</u>		15. Residence (Usual place of abode) <u>Globe</u>			
If nonresident, give place and state <u>Arizona</u>		If nonresident, give place and state <u>Arizona</u>			
10. Color or race <u>white</u>	11. Age at last birthday <u>21</u> (Years)	16. Color or race <u>white</u>		17. Age at last birthday <u>19</u> (Years)	
12. Birthplace (city or place) <u>Arkansas</u>		18. Birthplace (city or place) <u>Owensboro</u>			
(State or country) <u>Arkansas</u>		(State or country) <u>Kentucky</u>			
13. Occupation		19. Occupation			
Nature of industry <u>Laborer</u>		Nature of industry <u>Housewife</u>			
20. Number of children of this mother		(a) Born alive and now living <u>1</u>		21. Were precautions taken against ophthalmia neonatorum?	
(Taken as of time of birth of child herein certified and including this child.)		(b) Born alive but now dead <u>0</u>		<u>yes</u>	
		(c) Stillborn <u>0</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>10 A</u> m. on the date above stated.					
(Born alive or stillborn.)					
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Signature <u>C. W. Adams</u>			
		(Physician or midwife)			
		Address <u>Globe, Arizona</u>			
Given name added from a supplemental report		Filed <u>12-30</u> 19 <u>23</u>		Local Registrar.	
Month, day, year.		Filed <u>1-5</u> 19 <u>24</u>		County Registrar.	
Registrar.					

119-1226-275